

July 1991

## In this issue:

*CC Nurses return from Kuwait*

*New cath lab opens*

*Adrienne Farrar and Jan Lipkin—*

*2 new CC deputy chiefs*

*TQM- crafting departmental vision  
statements*

# Clinical Center News

*From the Director:*

## *Our Role In QT*

*"Now, this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."*

*—Winston Churchill*

The Clinical Center has completed the training of administrators, department heads, and facilitators in the principles of total quality management, which we call "Quality Together" (QT), and the facilitators are now introducing members of their departments to the concepts of QT. Our vision statement, which is reprinted in this issue of *CC News*, was crafted and critiqued by more than 150 co-workers during the four training sessions.

Our task now begins in earnest. We must start to put into practice those precepts we have pondered during our training. We must identify our customers, question them to determine their needs and expectations, form project teams with our co-workers to plan concrete steps to meet customer requirements, plan to measure quantitatively how well we are doing, put systems into place to maintain our gains, and re-poll our customers for their feedback.

As individual departments begin to align their department's vision with the Clinical Center's vision, we will soon see the formation of quality improvement teams and the application of the energy of individuals at all levels working together to identify and solve problems. Clinical Center management is committed to QT. We are in this for the long run, because it is the long run that will be required before we see gains. QT is not a quick fix. It is a process, a journey that we take to reach the desired end of more efficiently providing our customers with better quality service. Most of us have little experience in tackling problems by the QT process, and it will require time before we can recast our thinking. But recast it we must, and recast it we will.

The Clinical Center is the world's premier research hospital and all of us want to keep it that way. But good as we are, I know that we can do better, and I am convinced that QT is the process we need. I see QT as an integral part of my job, and an integral part of your job. Together we can make it work for the Clinical Center, our

patients, the institutes, and all our other customers.



## Clinical Center Vision Statement

**As the world's premier research hospital, the NIH Clinical Center strives to use resources efficiently to provide services and expertise that exceed the expectations of patients, staff, investigators, and the public. The Clinical Center attracts the best people, and emphasizes personal and professional development to support the highest quality clinical research and compassionate patient care.**

## Love Letters...

### Praise for X-Ray staff

To all my x-ray friends:

Before I leave NIH (I am transferring to Texas), I really want to thank all the x-ray personnel with whom I had the delightful opportunity to work over the last four years.

Many times, I have seen fresh post-op patients in the SICU being calmly reassured by x-ray staff. And I have seen their gentle hands using pillows to help support patients in pain.

During critical emergencies, oftentimes the calmest people at the patient's bedside were the x-ray personnel, busy taking STAT x-rays and providing quick results.

On the pediatric floor, I have seen impossible-to-work-with, terrified children be calmed and reassured in infinite kind ways by x-ray staff. More than once, streaming tears were transformed into mild sniffles and smiles replaced sad faces—all because of your special personalities.

Thank you for all the vital roles you played in both the lives of patients and CC nurses. Your contact can have a lasting effect on all our lives. I will miss you.

Darlene McCullough, R.N.

**The Brown Bag Concert Series** will present the 257th Army Band on July 9, from noon until 1 pm, on the lawn behind building 10. Everyone is invited to bring lunches and enjoy the music. For more information, call the Clinical Center art program at 496-8113.

### HHS Employee of the Month Sandra Freeland

Freeland recently volunteered to be temporarily assigned to a late shift in the CT section of Diagnostic Radiology as a test to determine the efficacy of scheduling CT patients later in the day. As a result of this initiative, it has been determined that it is indeed possible and advantageous to schedule patients on late appointments, thereby decreasing the backlog of scheduling in CT. A rotating shift has now been established in CT and Freeland's cooperation during this project is appreciated.

### 8th Floor Clinic Wins Award

The eighth-floor clinic recently won a design award for the renovation of old space from *Government Workplace*, a publication for government workers.

The Clinical Center art and signage program worked with the architect and engineering firms to choose finishes appropriate for a healthcare environment.

"We provided interior design services for the clinic," said Ann Ellis, assistant to the director of the art and signage program. "That took the pressure off of those in charge at the clinic."

According to Ellis, the clinic design was based on the needs of the patient population.

"We chose colors that are soothing, relaxing—nothing overbearing," said Ellis. "For example, the wall color is a warm rose as opposed to the green tinted walls frequently found around the hospital." ■

### Attention Writers, Speakers, Researchers!

Does grammar have you grumbling? Do you think "me" and "I" are just two names for yourself? Do hyphens have you hysterical? Is your favorite punctuation mark a comma — or a dash? If so, call the Clinical Center's NEW Grammar Hotline.

The Clinical Center Communications staff will help you untie the knots in your sentences, so your readers can understand what you're trying to say. If you're preparing a research article for publication, we can help clear up questions on style, organization, and reference lists. Having trouble figuring out what some editor has done to your paper? We can help you decipher proofreading marks and queries. Give us a try! If you stump us, though, we'll have to make you call your high school English teacher. Call the Clinical Center Grammar Hotline at 496-2563.

## CC News

Editor: Karen Riedel

Editorial  
Assistant: Maria Dove

*Clinical Center News* is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, Chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters and photographs are encouraged and can be submitted to Bldg. 10 room 1C255 or by calling 496-2563. *Deadline for submission is the second Monday of each month.*



# CC Nurses Return From Kuwait

By Karen Riedel

Four CC nurses commissioned to Kuwait on April 8 returned from the near six-week mission on May 15. CDR John J. Tuskan, Jr., LCDR Robert A. Parmentier, LCDR Patricia L. Pederstuen, and LCDR Daniel A. Sands were among the medical team of 58 U.S. Public Health Service (PHS) and American Red Cross nurses commissioned to Kuwait to provide direct medical and patient care for the Sulbikhat Childrens Institution. The institution provides care for physically and mentally handicapped children and adults.

Upon their return, the nurses were debriefed by the Red Cross for one and a half days. Following the debriefing, the Kuwaiti contingent was warmly welcomed and feted by PHS officers, fellow staff members, and, in local cases, family. The Professional Advisory Committee for Nurses and the Office of the Surgeon General hosted a PHS awards ceremony at the Parklawn Building. Dr. Antonia Novello, surgeon general of the USPHS, and O. Marie Henry, deputy surgeon general and chief nurse officer of the USPHS, presented service awards, PHS awards, and chief nurse officer awards to the Kuwaiti team so that each CC nurse earned six awards for service in Kuwait.

Following the awards ceremony, the team returned to the Clinical Center for a reception with more than 200 people, including Dr. Richard Wyatt, the PHS liaison for NIH, the Clinical Center Acting Director, and fellow workers.

"The reception was extremely well attended by Clinical Center staff, directors, and nurses from the units of those nurses commissioned to Kuwait," commented Lorraine Maciag, executive assistant to the associate director for nursing. "It was really a lot of fun. The units presented brief skits and they were very good, and very entertaining."

"It was wonderful, everybody came!" said Pederstuen. "We were extremely appreciative that everybody, not just CC nurses, were included in the ceremony—especially since some of us had not yet been able to see our families."

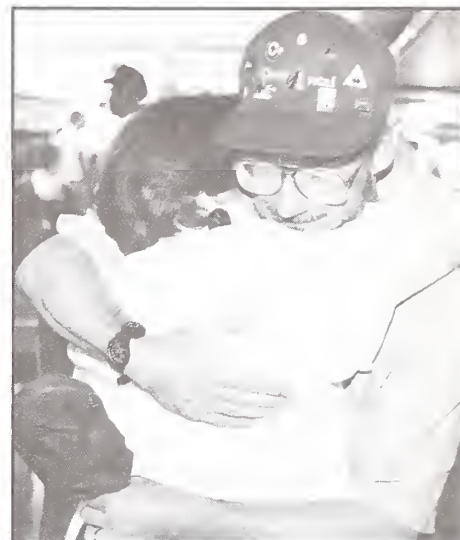
"Out-of-town service members were 'adopted' by our nursing units," Maciag explained. "The out-of-towners received a warm welcome. We wanted them to feel like a part of the NIH family."

"It was fun," commented Tuskan. "It is nice to receive that kind of recognition from the highest members of the organization. It was also nice to have recognition from the CC and the Nursing Department. I can't say enough about Kathy McKeon (associate director for nursing) and P.J. Maddox (deputy director for nursing). They were supportive all the way through. It really made a difference."

When asked if they would go back to Kuwait, each of the four CC nurses independently responded with an emphatic "yes."

"I feel terrific about the mission," said Sands. "I would go back in a minute."

"Oh, yeah!" Tuskan responded. "I would go back. And



LCDR Daniel Sands is welcomed home by his wife, Cindy Frank.

I would have liked to stay longer, but, I did miss my family." He added, "I would like to commend Trish Pederstuen. She showed a great deal of courage and represented the NIH and PHS very well."

"I would go back if it weren't for my family," said Parmentier. "I had really mixed feelings about coming back. I don't think any one of us did not have regrets about leaving [Kuwait]. All of us got tremendously involved."

Commented Tuskan, "This trip shattered stereotypes and myths that I had about the Arab people. I found these people very different than the average American would tend to think of them. I think we need to make a bigger effort to understand the Arab people." ■

# New Cath Lab Opens On Second Floor

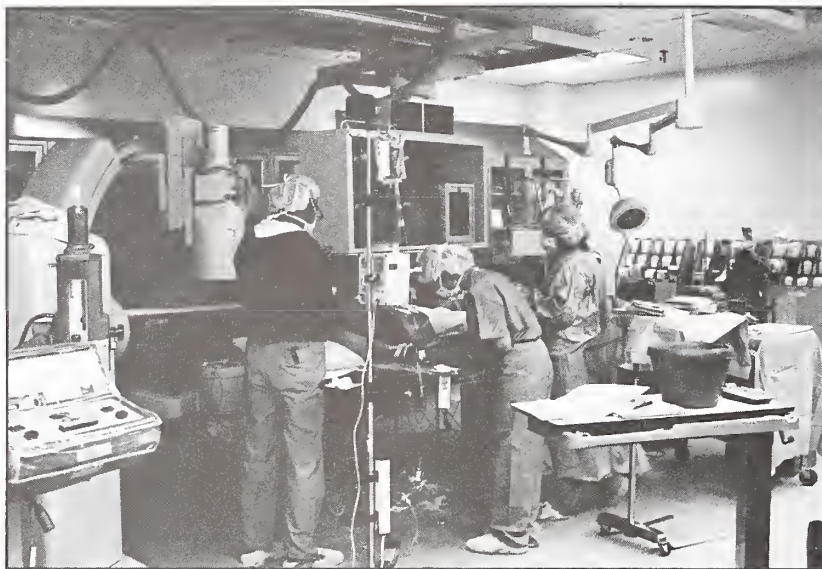
By Sue Kendall

The first cardiac catheterization was performed in the Clinical Center's new cath lab on February 28. Located in rooms 2C717-2C719, the lab embodies several years of meticulous planning and a true team effort involving departments from all over the Clinical Center.

The new facility has three rooms: a monitoring room, the cath room, and a darkroom, where the film is processed.

"This lab is much larger than the old one. It has the latest equipment and is the product of appropriate functional planning," said Marsha Moore, R.N., M.S.N., head nurse for diagnostic laboratories.

Moore and cardiovascular technician Greg Johnson oversaw the final phases of the project, although, she points out, "Everyone pulled together to get the lab up and running." The initial planning phase included input from doctors, nurses, and technicians to ensure that the lab "was organized exactly the way we wanted it," says Moore. The lab meets American Institute of Architects requirements and the recommendations of the Association of Operating Room Nurses. The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) classifies cardiac cath labs under surgical services. By locating the lab in a designated OR area, planners ensured that all JCAHO standards could be met. Quality assurance is a high priority, says Moore. Inventory, nursing standards, x-ray safety, universal precautions, and equipment operations are



New cath lab on the second floor is product of meticulous planning.

monitored continually.

The lab was originally conceived to evaluate patients who needed balloon angioplasty, the process of opening a blocked vessel, or valvuloplasty, the opening of a diseased valve. Those procedures, however, are not done in this lab. Rather, the lab serves the National Heart, Lung, and Blood Institute (NHLBI) by evaluating two main types of patients: those with coronary artery disease who are being evaluated before or after surgery and those who have normal coronary arteries but have chest pain or EKG changes for which there is no apparent cause. The lab also evaluates patients from other institutes as needed, such as a patient with hypercholesterolemia who develops chest pain.

Cardiac catheterization involves passing a narrow catheter or tube through a vein in an arm or leg and into the heart to obtain blood samples or determine intracardiac pressure. Patients may also be injected with contrast medium to examine the heart's

vascular network via fluoroscopy. A typical procedure requires five people: a physician, a scrub person, who can be either a doctor or a nurse, a circulating nurse, and a cath and x-ray technician. The first catheterization can be done as early as 7:30 a.m.; setup usually takes a half-hour. Procedures can take from one to four hours, depending on the problem being studied.

Moore's enthusiasm for the new lab is evident as she describes the activity leading up to the crucial "first cath," during which the entire system would be evaluated for safety and effectiveness. According to Moore, all parties involved gathered on February 11 to assess what still needed to be done in order to meet the February 25 opening deadline.

"We had telephone technicians, security staff, nurses, doctors, safety technicians, x-ray technicians, housekeeping and infection control staff, and people

*CATH Continued on Page 8*



# Adrienne Farrar Is New Deputy Chief Of Social Work



Social Work deputy chief, Adrienne Farrar

Adrienne Farrar, Ph.D., has joined the Clinical Center as deputy chief of the Social Work Department.

Farrar comes to the CC from the Washington Hospital Center where she was director of the Social Work Department and coordinator for long-term care. Before that, Farrar worked for the D.C. Department of Human Services as the coordinator for

nursing home placement. In addition, she was a social worker at the D.C. Village Nursing Home and for the Columbia Senior Center at Family and Child Services of D.C.

Farrar earned her bachelor's degree at York College of the City University of New York, her master's degree in social work at Howard University in Washington, D.C., and her doctorate at the National Catholic School of Social Service of the Catholic University of America in Washington, D.C.

Farrar has been with the Clinical Center since May 20.

"The emphasis is very different here," she said. "At other hospitals, the emphasis is on acute care, cost containment, and bed turnover, whereas the emphasis at the Clinical Center is on research. I am looking forward to the opportunity to do research. I am also interested in patient involvement and education. This is the perfect place for doing all of

these things—for someone such as myself," she explained.

Farrar's responsibilities include program development, consultation, and patient care. She is also the co-chair of the staff development committee. In addition, Farrar plans to initiate psychosocial research and also collaborate with the staff as a consultant in this area.

"This social work department is an advanced department of very talented individuals," said Farrar.

Initially, Farrar became interested in the social work profession to serve in an advocacy or facilitator role for others. As she advanced in her career and training, those interests developed to include working with the psychosocial needs of people.

"I have always been interested in people and in working with them," she confided. "And I have always been interested in medicine." ■

# Jan Lipkin Is New Deputy Chief Of Communications

Jan Lipkin is the new deputy chief of Clinical Center Communications. Lipkin, a native to the area, has more than a decade of communications experience. Most recently, she was senior public relations manager at the American Diabetes Association's headquarters office. Prior to that, she was senior account supervisor at a public relations firm handling a number of health and public interest clients. Lipkin has published a monthly journal about state government, a lively paper for the D.C. government, and a monthly management newsletter

for mental health professionals. She has also worked on Capitol Hill. A "serious" National Zoo volunteer, Lipkin works in the educational discovery labs helping visitors learn more about animals and in the reptile house assisting zookeepers behind the scenes with daily animal maintenance. She has even been in the cage with the 15-foot pythons.

"Very early in my career, I worked at NIMH," said Lipkin. "My first assignment was working for Dr. Julius Axelrod right here at the Clinical Center. I have always felt a special connection to NIH, and it is great to be back." ■



CC Communications deputy chief, Jan Lipkin

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# On the @T

## Crafting Vision Statements

by Wendy Schubert, Sc.M.

QT Facilitator for the Office of Clinical Center Communications

As we begin to incorporate total quality into everything we do at the CC, it is logical to ask, "How do we define quality?"

Quality is not an instant remedy that can be turned on or plugged in. Quality has to be envisioned before it can become a reality. While management must support our quest for achieving quality, employees have a crucial role in the process. As workers and as public servants, we are responsible for making sure that our work fits within an overall concept of quality at the CC. This concept is described in a vision statement.

A vision statement is a short, yet inclusive, expression of where an organization wants to be in a 5- to 10-year period. As the QT process grows, we will be developing department-specific vision statements. Bear in mind that such statements should align with the quality vision statement for the Clinical Center. Without this alignment, our departmental visions will diverge from the CC vision within which we work. When we all strive toward the same goal, our clients, fellow workers, and the CC will be well served.

Developing a vision statement involves employees at all levels.

When crafting a vision statement, you may be tempted to describe your department by listing specific tasks rather than by stating the purpose of those tasks. Save the listing and quantification of tasks for success statements. The vision statement should express *why* your department exists and *what* you will provide for your clients or customers.

The Clinical Center's quality vision statement contains the following key elements:

1. **Doability.** This vision describes a feasible goal for the CC.
2. **Authenticity.** This vision represents what we really do at the CC.
3. **A compelling nature.** This vision is motivating and capable of driving the efforts of the CC for the next 5 to 10 years.
4. **A human-enriching factor.** This vision encourages CC managers and employees to grow and expand their skills such that they will develop both professionally and personally.

To be meaningful, your

departmental vision statement must also be doable, authentic, compelling, and enriching. Success statements should be natural outgrowths of the vision element being measured.

In addition to vision statements, each department must also develop success statements. These statements grow out of the vision statement and describe how a department or organization can achieve the vision. Success statements use such measurable outcomes as a decrease in staff turnover or an increase in accurately performing certain tasks.

Developing a vision statement is not easy, but it is necessary. Without a clear goal toward which to aim, how can we work for the same purpose? Department heads and QT facilitators will help CC employees develop departmental vision statements. During the process of honing your department-specific vision statement, you will be sitting down with co-workers and sharing views of your department's goals. This experience may help you feel more involved and essential to the mission of the CC. Making the vision statement can help us realize that our work is valuable to our patients and to the people who serve them. ■



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# *DTM Holds Awards Ceremony*

The Department of Transfusion Medicine (DTM) recently held its first annual employee appreciation day to honor its employees for their outstanding performance and for assisting in the department's move to new facilities last August.

Before the awards ceremony, the department hosted a luncheon for its employees. The crowd mingled and munched until the ceremony began. Chief of DTM Dr. Harvey Klein, surprised at the standing-room-only crowd, opened the ceremony by welcoming all the guests and award winners.

"We are delighted to have you here," said Klein. "I hope you like it. It is your afternoon."

Until this year, DTM has not held its own employee appreciation day, but has shared this event with other departments, such as the Clinical Pathology Department.

Acting Clinical Center Director Dr. Saul Rosen presented the first award—the Clinical Center Director's Award—to Gail Carter, supervisor of the platelet pheresis program, for organizing and leading a team of health professionals that built the NIH platelet and marrow donor programs into the finest in the nation.

"It is special to recognize Gail Carter, a DTM employee of 18 years," said Rosen. "She has done incredible work for the department

and for the Clinical Center. She led the successful collection of 25,000 platelet units a year and the recruitment of 20,000 people into the marrow donor program."

"I could not have done it without the staff," commented Carter.

A unique DTM award was presented to a Clinical Center employee from another department. John Carter of the Housekeeping and Fabric Care Department was given an award for his consistent dedication to a job well done.

"We really appreciate you,

John," said Klein. "Thanks for helping us keep our new facilities clean."

Awards were also presented to employees in the following DTM sections: office of the chief, laboratory service, immunology section, blood services, and special services.

"The department was extremely productive last year," reflected Klein as the ceremony drew to a close. "And it has been a fun place to work. Congratulations to you all and keep up the good work." ■



Acting Clinical Center Director Dr. Saul Rosen and Acting Clinical Center Deputy Director Thomas Lewis were recently recognized by CC senior staff members for serving one year in their respective positions. Dr. Susan Leitman, standing in for Dr. Harvey Klein, presented Mont Blanc pens to Rosen and Lewis in appreciation of one year of service.

"We have all been very fortunate to have two delightful people to work for over the past year, guiding us through this period of changes," said Leitman.

"It has been a privilege," responded Rosen. "As tough as this job has been, it would have been impossible without the expertise and dedication of Tom Lewis." ■

from building engineering all standing around the monitoring room introducing themselves and taking notes. During that final week it looked like a beehive in there!" she says.

Nurse Donna Jo Fleagle describes the move as "exciting."

"The new lab is really nice," she says. "There is so much more 'elbow room' now for the staff as well as the patient."

Moore cited some of the extra efforts staff made to meet the opening deadline. Dr. Richard Cannon, director of the cardiovascular diagnosis section,

worked with the contractors and with Toshiba, the manufacturer of the x-ray equipment, to ensure that everything was delivered on time and to specifications. In addition to their regular duties, the cath nurses worked closely with Pharmacy, central supply, and purchasing to make sure that all supplies were in stock, a detailed computerized inventory was complete, and new catheter cabinets, tables, and chairs were ordered. Nurses Fleagle and Linda Schenke ensured that all routine and emergency equipment and supplies were available for that

first case. The building engineering section procured a last-minute, custom-made counter for the x-ray control panel in the monitoring room. Security provided keys and locks in 24 hours. Housekeeping staff worked overtime to scrub all the floors the night before opening.

"It was a true collaborative effort," says Moore. "No one person takes the credit. It just shows that if you really need to get things done here, they'll get done." ■

## July Calendar of Events

**3 Grand Rounds**  
12 noon-1 p.m. Lipsett Amphitheater  
*Imaging the Parathyroids*, Clara Chen, M.D., CC  
*Diet and Cancer Prevention*, Peter Greenwald, M.D., NCI

**11 Therapeutic Recreation Forum**  
11:30 a.m.-1:30 p.m. Masur Auditorium  
*Imagery in Healing*, Jeanne Achterberg, Ph.D., Professor of Psychology, Institute for Transpersonal Psychology

**24 Grand Rounds**  
12 noon-1 p.m. Lipsett Amphitheater  
*No Teeth, No Taste and No Spittle: Is This What Old Age Means for the Mouth?*, Bruce Baum, DM.D., Ph.D., NIDR, *Oxytocin in Social and Sexual Behaviors*, Thomas Insel, M.D., NIMH

**10 Grand Rounds**  
12 noon-1 p.m. Lipsett Amphitheater  
*Alcohol Withdrawal*, Markku Linnoila, M.D., Ph.D., NIAAA  
*Regulation of HIV During Acute and Chronic Infection*, Malcolm Martin, M.D., NIAID

**16 Educational Services**  
*Communicating More Effectively*, advance registration required, call Educational Services Office at 496-1618

**17**

**17 Grand Rounds**  
12 noon-1 p.m. Lipsett Amphitheater  
*Vascular Regulation: Blood Vessels are not Passive Pipes*, Harry Keiser, M.D., NHLBI, *Brain Evolution in Alzheimer Disease*, Stanley Rapoport, M.D., NIA

**31 Grand Rounds**  
12 noon-1 p.m. Lipsett Amphitheater  
*The Treatment of Acromegaly with Somatostatin*, Richard Eastman, M.D., NIDDK, *Ethical Issues in Mapping the Human Genome*, Eric Juengst, Ph.D., NCHGR